



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: **Pratt**

Application No: **10/824,593**

Group Art Unit: **1615**

Filed: **April 15, 2004**

Examiner: **Channavajjala**

For: **Methods for Treating Substance Abuse with Cholinesterase Inhibitors**

Docket: 222919 (BNAG-004-U1US)

Commissioner of Patents  
PO Box 1450  
Alexandria, VA 22313-1450

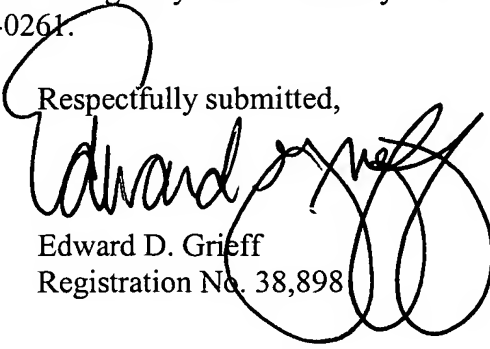
**Transmittal Letter**

Enclosed herewith for appropriate consideration by the US Patent Office are the following:

1. Information Disclosure Statement, PTO-1449, copy of cited references.
2. Response and Amendment under 37 CFR § 1.111.

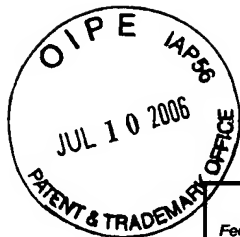
The Commissioner is authorized to charge the fee of \$1200 (including \$180 for the Information Disclosure Statement and \$1020 for the three month extension of time) to Deposit Account No. 22-0261. The Commissioner is authorized to charge any other necessary fees or credit any overpayments to Deposit Account No. 22-0261.

Respectfully submitted,

  
Edward D. Grief  
Registration No. 38,898

Date: July 10, 2006

VENABLE LLP  
575 7th Street, NW  
Washington, DC 20004  
Phone: 202-344-4382



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032  
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<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	10/824,593
		Filing Date	April 15, 2004
		First Named Inventor	Pratt
		Examiner Name	Channavajjala
		Art Unit	1615
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	61368-222919
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>1200.00</b>

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>								
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>								
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>			
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>	
Utility	300	150	500	250	200	100	_____	
Design	200	100	100	50	130	65	_____	
Plant	200	100	300	150	160	80	_____	
Reissue	300	150	500	250	600	300	_____	
Provisional	200	100	0	0	0	0	_____	
<b>2. EXCESS CLAIM FEES</b>								
							<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependent claims							360	180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>			
- 20 or HP		x	=		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>	
HP = highest number of total claims paid for, if greater than 20.								
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
- 3 or HP		x	=					
HP = highest number of total claims paid for, if greater than 3.								
<b>3. APPLICATION SIZE FEE</b>								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
- 100 =	/50	(round up to a whole number) x	=					
<b>4. OTHER FEE(S)</b>								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):								
<input checked="" type="checkbox"/> Information Disclosure Statement fee							<b>\$180.00</b>	
<input checked="" type="checkbox"/> Petition for Extension of Time (3 Mo.)							<b>\$1020.00</b>	

<b>SUBMITTED BY</b>	
Signature	_____
Name (Print/Type)	Edward D. Grieff
Registration No. (Attorney/Agent)	38,898
Telephone	_____
Date	July 10, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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